

**ESTIMATES COMMITTEE
1960-61**

HUNDRED AND FORTIETH REPORT

(SECOND LOK SABHA)

MINISTRY OF HEALTH

Action taken by Government on the recommendations of the
Estimates Committee contained in the Forty-fifth Report
Second Lok Sabha) on Medical Services—Part II



**LOK SABHA, SECRETARIAT
NEW DELHI**

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MYSORE

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ESTIMATES COMMITTEE

1960-61

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Shri K. Ranganadham—*Under Secretary.*

*Elected with effect from 25th November, 1960 *vice* Shri Dinesh Singh

INTRODUCTION

I, the Chairman, of the Estimates Committee having been authorised by the Committee, present this Hundred and Fortieth Report of the Estimates Committee on the Action taken by Government on the recommendations contained in the Forty-fifth Report of the Estimates Committee (Second Lok Sabha) on the Ministry of Health—Medical Services (Part II).

2. The Forty-fifth Report of the Estimates Committee (Second Lok Sabha) was presented to Lok Sabha on the 31st March, 1959. The Ministry of Health furnished their replies to the recommendations contained in this report in January, 1960. The replies were examined by Study Group 'F' of the Estimates Committee (1959-60) on the 27th April, 1960. Further information required by the Study Group on certain points was received from the Ministry on the 12th July, 1960 and examined by Study Group, 'E' of the Estimates Committee (1960-61) on the 20th December, 1961.

3. The Report has been divided into the following four Chapters:—

I. Report.

II. Recommendations that have been accepted by Government.

III. Replies of Government that have been accepted by the Committee.

IV. Replies of Government that have not been finally accepted by the Committee.

4. An analysis of the Action taken by Government on the recommendations contained in the Forty-fifth Report (Second Lok Sabha) of the Estimates Committee, is given in the Appendix. It will be observed therefrom that out of 86 recommendations made in the Report, 46 recommendations i.e. 53.5% have been fully accepted by Government. Of the rest, the replies of Government in respect of 31 recommendations i.e. 36.0% have been accepted by the Committee while those in respect of 9 recommendations i.e. 10.4% have not been accepted by the Committee.

NEW DELHI;
May 11, 1961.
Vaisakha 21, 1883 (Saka)

H. C. DASAPPA,
Chairman,
Estimates Committee.

CHAPTER I

REPORT

The Estimates Committee in paragraph 7 of their 45th Report (Second Lok Sabha) on the Ministry of Health—Medical Services (Part II) had recommended that the proposals to air-condition various blocks and buildings of the All India Institute of Medical Sciences, New Delhi, which were to be constructed should be reviewed with the object of cutting out air-conditioning and effecting substantial economies. Furthermore, the Committee had expressed the view that only those portions, wherein air-conditioning was absolutely necessary in the interests of research etc. should be air-conditioned. Obviously, the Committee's recommendation related to those buildings of the Institute which were to be constructed after the recommendation was made known to the Government.

The Committee have been informed in reply nothing more than what the Ministry had stated at the time of the original examination itself and again repeated that the question of reducing the expenditure on air-conditioning was examined in detail in 1958 and that it was decided to air-condition only parts of the pre-clinical and teaching blocks. Besides this, the Government did not see any scope for a further review.

The Committee were aware of the position now stated by the Government at the time of making the recommendation itself. Furthermore, the Government have not undertaken any fresh review of the cost of air-conditioning various blocks and buildings of the All India Institute of Medical Sciences besides the one undertaken in 1958. The Committee reiterate their original recommendation. The Committee had asked the Ministry to let them know the amount of expenditure incurred on air-conditioning subsequent to their recommendation but they regret to note that the Ministry has not chosen to give the information.

2. In paragraph 24 of the Report, the Committee had pointed out that the tendency to run medical institutions from the Ministry or the Directorate General of Health Services required to be revised. They had recommended that the Board of Administration under whose management the Lady Hardinge Medical College and Hospital was carried on should be reconstituted, preferably under the chairmanship of a capable woman, so as to invest it with a larger degree of autonomy consistent with the academic and financial requirements of the institution.

In paragraph 25, the Committee had suggested that the Board of Administration of the institution might meet more frequently and be

associated with the activities of the College and Hospital so as to ensure maintenance of the minimum standards required of an all-India institution of that type. They had expressed the hope that the Board of Administration of the institution would be strengthened and made more effective.

In the original reply dated the 25th January, 1960 furnished to the Committee, the Ministry communicated their decision to take over the administration of the Lady Hardinge Medical College and Hospital and to run it as a government institution. Furthermore it was stated that it was not proposed to hand over the administration of such institutions to non-official agencies and that there was no necessity to reconstitute the Board of Administration. Asked to communicate the grounds for taking over the institution, the Ministry went back on its earlier decision and replied on the 12th July, 1960 that the Government of India had decided not to take over the institution. The Committee were further informed that the Board of Administration was fully representative and that it was functioning very effectively. The Government have proposed to continue the present form of its administration with the Director-General, Health Services as the chairman of the Board of Administration.

The Committee are surprised at these frequent changes in decision as to the management. The Ministry should have at least furnished the reasons for the earlier decision of its taking over the institution for direct administration as also the reasons for changing that decision again. Their recommendations in this respect have obviously something to commend themselves especially in view of the institution being intended only for women. The Committee do not agree with the views of the Ministry and reiterate the original recommendations made in paragraphs 24 and 25 of the Report.

3. In paragraph 63, the Committee had expressed the feeling that the estimated non-recurring expenditure of Rs. 80 lakhs for establishing a new medical college, having 100 seats was on the high side and suggested that efforts should be made to have the buildings constructed as economically as possible by laying more stress on utility than on appearance. They had recommended that with a view to finding out ways and means of reducing the unit cost of establishing a medical college by the adoption of simpler standards with regard to construction of buildings, without in any way affecting the minimum academic requirements laid down for the purpose, the Government should appropriately seek the counsel of eminent men in public life and other experts who might have put up such buildings at much lesser cost.

The Committee were informed that the recommendation had been commended to the State Governments for consideration. *The Committee do not consider the reply as satisfactory.* The ceiling of Rs. 80,000 as non-recurring expenditure per seat per annum for the establishment of new medical colleges and of Rs. 60,000 as non-recurring expendi-

ture and Rs. 8,000 as recurring expenditure per seat per annum for the expansion of the existing colleges was recommended by a committee appointed by the Government of India. It is on its recommendation that the Central assistance to the State Governments is made available at the rate of 75 per cent for non-recurring expenditure and 50 per cent for recurring expenditure subject to the ceilings mentioned above during the plan period. *The Committee feel that the Central Government should also take the initiative to effect appropriate revision of the ceilings of non-recurring expenditure on buildings. The Committee reiterate their original recommendation.**

* N.B. At the stage of factual verification, the Committee were informed that the Government of India have appointed a committee to go into the question of high cost of medical education and advise them as regards possible methods of economy in the construction of buildings as well as equipment. The Report of this committee is awaited.

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CHAPTER II
RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY THE GOVERNMENT

SL No. as in Appendix VIII of the 45th report	Reference to paragraph No. of the report	Summary of Recommendation/Conclusion	Reply of the Government	
	2	3	4	4
1	4	The committee consider that the delay in framing of Rules and Regulations under the relevant Sections of the All India Institute of Medical Sciences Act, 1956 was unfortunate and suggest that suitable steps may be taken to see that such delays are avoided in future	Noted. (Ministry of Health O.M. No. F 7-49/59-B dated 25-1-1960)	
2	6	The Committee view with concern the inordinate increase in the cost of the Project of the All India Institute of Medical Sciences and consider the reasons for the increase in the estimates at various stages of construction as unsatisfactory. They are of the view that with proper planning and greater attention to details, completion of the estimates due to the follow-	The observations have been noted. A copy of the recommendation has been forwarded to the Director of the All India Institute of Medical Sciences for information and guidance. (Ministry of Health O.M. No. F 7-49/59-B dated 25-1-1960)	

ing four factors could, at least, have been avoided :—

- (a) Omissions and under estimation in the original estimates ;
- (b) adoption of superior specifications for buildings at a later stage ;
- (c) Extension of air-conditioning ;
- (d) increases in plinth area rates.

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In regard to the increase in the cost of the Project of the All India Institute of Medical Sciences, New Delhi, the Committee observe as follows :—

Noted.

A copy of the recommendation has been sent to the Director of the All India Institute of Medical Sciences for information and guidance.

(i) The Project was taken up without careful thought or proper planning resulting in delay in its execution and increase in cost.

(ii) Full implications of the cost involved in the construction of a new modern teaching centre, with an associated hospital provided with all the required specialist services, were not realised in the early stages.

(iii) Original specifications for the Architectural competition for construction of the Institute were later considered inadequate for a teaching hospital of the type envisaged by the Act, resulting in amongst other things in huge inflation of the Architects' fee

(Ministry of Health O.M No. F. 7-49/59-B dated 25-1-1960).

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- (iv) The estimates at the earlier stages were not prepared in a comprehensive manner and did not provide for certain pre-requisites which an Institute of this character should have, such as specialist services, etc.

The Committee hope that the lessons learnt in the construction of this Institute will be well-utilised while undertaking similar projects in future.

- (i) The Committee feel that the practical difficulties in having a separate firm of architects and a separate construction agency for the All India Institute of Medical Sciences, New Delhi could have been anticipated and the Government of India could have accepted the design of the winner of the competition and asked their own architects to process it further.

- ii) Now that the services of the architects have been dispensed with and the Institute has been given the authority to have the work completed by itself through its own agency, the Committee hope that the construction work will proceed more expeditiously and the time lag will, at least, be partially made up.

This recommendation has been brought to the specific notice of the Institute.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

- 6 12 The Committee regret to note that some make-shift arrangements in the All India Institute of Medical Sciences have resulted in the use of the Nursing College buildings for other purposes resulting in delay in shifting the Nursing College to its own building. Noted.
(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)
- 7 13 The Committee consider it unfortunate that the relevant clause in the Agreement, executed by the Government of India and the Architects for construction of the main building of the All India Institute of Medical Sciences, providing for "termination at any time by either party upon six months notice" was not applied earlier, when it was found that the work was not proceeding satisfactorily. Noted.
(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)
- 8 14 The Committee are of the view that the question of fixing the fees of the Architects on the basis of a percentage of the total cost of construction (with some ceiling), needs a careful review in consultation with experts. As the services of the Architects of the All India Institute of Medical Science have been terminated, the question of fixing a ceiling for fees does not arise.
(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)
- [Further information required by the Committee]
- It may be stated whether the recommendation has been examined by the Government of India and accepted in principle for future guidance. The Committee's recommendation will be kept in mind when such a contingency arises in future. Normally services of departmental architects are utilised and outside architects are not appointed.
- [Lok Sabha Secretariat O.M. No. 6 EC. 11/60, dated 4-5-1960].
[Ministry of Health O.M. No. F. 7-49/59-B (Pt.) dated 12-7-1960].

Noted.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

In order to avoid any adverse effect on the progress of the All India Institute of Medical Sciences in the fields of research and post graduate education the Committee consider that the minimum requirement of foreign exchange for importing scientific equipment should be carefully assessed and suitable provision made for the same with international assistance, if necessary.

[*Further information required by the Committee*]

The action taken on the recommendation may be indicated.

[*Lok Sabha Secretariat O.M. No. 6-EC II/60 dated 4-5-1960*]

The foreign exchange required by the Institute for the import of equipment is provided and released in accordance with the normal procedure. The Rockefeller Foundation have promised a further grant of \$ 500,000 towards the foreign exchange component of the cost of the Institute's hospital. There is a possibility of a further grant of \$ 500,000 from the Foundation later on.

[*Ministry of Health O.M. No. F. 7-49/59-B (Pt.) dated 12-7-1960*].

Noted. This has been brought to the notice of the Institute.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

As the All India Institute of Medical Sciences has been planned to meet the requirement of teaching personnel in Medical Colleges and specialists for the various hospitals in the country, the Committee suggest the special measures may be taken to increase the annual output of post-graduates as early as possible.

[Further information required by the Committee]

The action taken by the All India Institute of Medical Sciences on the recommendation may be indicated.

[Lok Sabha Secretariat O.M. No. 6. EC-II/60 dated 4-5-1960.]

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The progress Report of research work done in the All India Institute of Medical Sciences does not indicate much progress in the field of research. While it is understandable in view of the fact that the Institute is still in its formative stage, the Committee would like to stress that the two-fold objective of advanced post-graduate training and research should be kept in the forefront all the time. The achievements of the Institute would not be judged by the number of medical graduates it turns out but by the contribution it makes to (i) medical research (ii) evolving high standards of post-graduate training and (iii) developing new patterns of medical education and teaching.

The Institute has increased the intake of Post graduate students. 45 students were admitted to Post-graduate classes in July, 1959.

[Ministry of Health O.M. No. F. 7-49/59-B (Pt.) dated 12-7-1960].

This has been noted by the Institute.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

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Noted

(1) The Committee note that the study of the Physiology of Yoga is being made at the All India Institute of Medical Sciences and suggest that the Institute may get into touch with experts in Yoga, specially those, who can explain the technique scientifically so that advanced research can be carried on in the subject with their help and guidance.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

(ii) The feasibility of maintaining close collaboration with other organisations in the country actually conducting or interested in undertaking similar research may also be examined.

The Committee suggest that efforts may be made to obtain a report about the experiments conducted in the All India Institute of Medical Sciences by Doctors Wenger and Bagchi to study the physiological changes produced under the effect of Yogic practices for the benefit of research scholars working in the line.

(i) The Committee are of the opinion that the All India Institute of Medical Sciences should have close and intimate co-ordination with the Indian Medical Council and its post-Graduate Medical Education Committee and the Universities, besides the Indian Council of Medical Research.

(ii) The Committee suggest that the President of the Indian Medical Council may be a member of the Governing Body of the Institute and the Director of the Institute may be a member of the Indian Medical Council so that the researches of the Institute in evolving new patterns of medical education can be made use of by the Medical Council of India for improving medical education all over the country.

Necessary efforts will be made by the Institute in this matter.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

(i) As stated in the comments on recommendation No. 13, 3 members of the Indian Medical Council, 3 Vice-Chancellors of Universities and the Director of the Indian Council of Medical Research are members of the Institute, and some of its committees. Personal contacts also exist between the Director and the staff of the Institute and the members of the Indian Medical Council, the Post-graduate Medical Education Committee, the Universities and the Indian Council of Medical Research. Some of the Professors of the Institute are engaged in studies sponsored by the Indian Council of Medical Research in the Institute.

(u) As regards the suggestion that the President of Indian Medical Council may be a member of the Governing Body, it may be stated that it is for the Institute Body to elect members to serve on the Governing Body under the provisions of the All India Institute of Medical Sciences Act and Regulations. However, the question of nominating him as the member of the Institute will be considered when a vacancy arises. The suggestion that the Director of the Institute may be a member of the Indian Medical Council is noted.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

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(i) The Committee suggest that steps may be taken to ensure utilisation of the Radiology Department of the Lady Hardinge Medical College and Hospital also for the Kalawati children's Hospital in an effective manner.

(ii) Regarding the specialist staff working in the Lady Hardinge Medical College and Hospital, and the Kalawati Saran Children's Hospital, the Committee are of the view that the appointment of a double set of specialists in these two hospitals should be avoided. They suggest that the specialist staff working in the Lady Hardinge Medical College and Hospital may be strengthened, if necessary, and their services be utilised for the Kalawati Saran Children's Hospital also.

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This is already being done.

There is no double set of staff nor was this ever contemplated. The staff members of the Lady Hardinge Medical College and Hospital are already utilised for the Kalawati Saran Children's Hospital, where necessary.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

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(i) The Committee regret to observe that the facts about delay in construction and handing over an Outpatient Department Block in the Lady Harding Medical College and Hospital, New Delhi are indicative of the lack of co-ordination between the various departments of the Government of India.

(ii) The Committee consider that the reason for delay in construction of and in handing over the Out-patient Department Block to the authorities of the Lady Harding Medical College and Hospital should be properly investigated and suitable action taken against the defaulters.

(iii) Steps should be taken to avoid recurrence of cases of the above nature in future.

[*Further information required by the Committee*]

The action taken by the Ministry of Works, Housing and Supply, may be furnished.

[*Lok Sabha Secretariat O. M. No. 6 EC. II/60 dated 4-5-1960.*]

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(i) In view of the shortage of qualified medical teachers in the country, at present, the Committee recommend that the Principal of the Lady Harding Medical College and Hospital, New

The delay was mainly of a technical nature in the C.P.W.D. The W.H. & S. Ministry have been requested to take necessary action in the matter.

(*Ministry of Health O.M. No. F 7-49/59-B dated 25-1-1960*).

The Ministry of Works Housing and Supply have intimated that this matter has been enquired into and that disciplinary action has been taken against the Executive Engineer and the Assistant Engineer concerned.

[*Ministry of Health O.M. No. F. 7-49/59-B (Pt.) dated 12-7-1960.*]

This has already been implemented

Delhi, should be assisted by a non-medical administrative Officer, under her supervision, to deal with routine administrative work in order to enable her to devote more time to teaching and research work.

(ii) The Committee do not consider it advisable that the present Deputy Medical Superintendent in charge of the Lady Hardinge Medical College and Hospital, though an experienced obstetrician and gynaecologist, should devote her time entirely to administrative work and suggest that the matter may be examined in the light of the Committee's earlier recommendation contained in paragraph 14 of the 36th Report.

The feasibility of holding an open competitive examination for the purpose of selection of candidates for post-graduate studies in the Lady Hardinge Medical College and Hospital, New Delhi, may be examined.

Regarding the appointment of an Advisory Committee to the Hospital of the Lady Hardinge Medical College, New Delhi, the Committee reiterate their earlier recommendation contained in para 13 of their 36th Report and suggest that an Advisory Committee may be set up for the Hospital.

The Deputy Medical Superintendent referred to has since been appointed as Gynaecologist, Willingdon Hospital. It is proposed to give some amount of professional work to the Deputy Medical Superintendent.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

This is being done in consultation with the University authorities.

(Ministry of Health O.M. No. F.7-49/59-B dated 25-1-1960).

This will be considered after legislation to make the Lady Hardinge Medical College a Government Institution has been enacted.

(Ministry of Health O.M. No.F. 7-49/59-B dated 25-1-1960).

34 The Committee feel that the purpose of the College of Nursing, New Delhi as an institution run by the Central Government, should ultimately be to develop the standards of patterns of teaching for nursing colleges and nursing education in all its branches so as to demonstrate a high standard of nursing education to all training institutions in India. This purpose would be better served, if closer co-ordination is maintained with the Council of Nursing.

The College of Nursing always endeavours to develop the standards and patterns of teaching for nursing colleges and nursing institution in all its branches so as to demonstrate a high standard of nursing education to all training institutions in India. Close co-ordination is maintained with the Indian Council of Nursing. From time to time the College conducts short courses, planned and sponsored by the said Council for trained nurses, such as Ward Sisters' Courses, Tutors' Courses, etc. The college gives full co-operation in assisting to run these courses and offers its staff for teaching assignments, specially for the purpose of integration of Public Health Nursing with other branches of nursing.

During the past two or three years, the College has made every possible contribution in the preparation of various manuals and handbooks, etc., proposed by the Council for use in nursing institutions.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

36 Looking to the expenditure incurred annually by the College of Nursing, New Delhi on transportation of students from one place to another and

The recommendation has been noted for implementation as and when feasible.

the loss of time involved daily by students in covering long distances, the Committee suggest that it would be desirable to provide all facilities like the laboratory, lecture hall, clinical, medical and surgical and midwifery beds in close proximity of the College at an early date.

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Looking to the number of candidates applying for admission to the College of Nursing, New Delhi, and the pressing requirements of the country for trained nurses, and of teachers for training nurses, the Committee consider it desirable to expand the present capacity of the College to the maximum possible extent.

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The Committee consider that it should be possible for the rank and file of the nursing profession to attain the highest academic qualification by hard work and extra study, and that there should not be any technical bar to its realisation, provided a candidate fulfilled certain minimum requirements and passed a test examination for the purpose. The Committee, therefore, suggest that the feasibility of providing avenues for post certificate diploma holders passing out of the College of Nursing, New Delhi, to appeal for the degree course after getting due credit for the studies already completed, may be examined.

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The Committee consider that the activities of the Child Guidance Clinic of the College of Nursing, New Delhi should be co-ordinated with at least, similar Clinics in the city.

(Ministry of Health, O.M. No. F. 7-49/59-B dated 25-1-1960).

The recommendation has been noted for implementation as far as possible.

(The Ministry of Health, O. M. No. F. 7-49/59-B dated 25-1-1960).

A proposal for instituting a degree course in Nursing Education as well as a course leading to M.Sc. in Nursing Education and Public Health Nursing has already been made to the Delhi University.

(Ministry of Health, O. M. No. F. 7-49/59-B dated 25-1-1960).

The recommendation has been noted.

(Ministry of Health, O.M. No. F. 7-49/95-B dated 25-1-1960).

Admitted to students are admitted to the Lady Kaling Health School. It has now been decided to admit 5 more students per annum from the next session.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

This recommendation is agreed to. The Udupa Committee has also suggested Government taking over the Under Graduate Institution of the Gulabkunverba Society and amalgamating it with Central Institute of Research in Indigenous Systems of Medicine and Post-Graduate Training Centre under one head. The report of the Committee is under consideration. As regards the link with similar research units, the Central Council of Ayurvedic Research when set up will look into this.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

(i) This is a part of literary research. The Central Institute of Research in Indigenous systems of Medicine, Jannagar are already doing some work on this subject. This recommendation will be brought to the notice of the Governing Body of the Central Council of Research in Indigenous Systems of Medicine, when it is set up.

the Central Institute of Research in Indigenous Systems of Medicine, Jannagar is also conducting educational and research activities in Indigenous Systems of Medicine, and since the Society has been associated with the Central Institute of Research in Indigenous Systems of Medicine and the Post-graduate Training Centre in Ayurveda, the Committee consider that the Society and the other two institutions should work in close co-ordination, if possible, by having a common Head to direct their various activities, and maintain a link with similar other units in the country in order to avoid any possible overlapping of functions and activities.

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In view of the fact that the Gulabkunverba Ayurvedic Society, Jannagar is also conducting educational and research activities in Indigenous Systems of Medicine, and since the Society has been associated with the Central Institute of Research in Indigenous Systems of Medicine and the Post-graduate Training Centre in Ayurveda, the Committee consider that the Society and the other two institutions should work in close co-ordination, if possible, by having a common Head to direct their various activities, and maintain a link with similar other units in the country in order to avoid any possible overlapping of functions and activities.

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(i) The Committee recommend that the Ministry of Health in collaboration with the Central Institute of Research in Indigenous Systems of Medicine should evolve a scheme whereby it may be possible to trace and acquire old manuscripts in Ayurveda and other systems of medicine from various sources, including Museums, Libraries and Records in India and abroad which

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may subsequently be catalogued, translated and published.

(ii) With a view to ensure an expeditious and effective handling of this important work, the Committee suggest that the scheme may envisage proper assignment of work to different institutions working in the field on a regional basis.

(ii) The Udupa Committee have suggested Regional Research Institutes in 3 other places viz. Trivandrum, Poona and Varanasi. If these centres come into being they can also carry out this item of literary research. They have further suggested that each State Government should have a research Department at least in one college in the State. That Department can also do work on old manuscripts.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

46 The Committee consider that there is scope for accelerating the pace of research in the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar by having a well laid-out plan. They consider that the Institute should have a well knit comprehensive plan of the research programme, drawn up on a long term basis in consultation with the Indian Council of Medical Research and the Council of Scientific and Industrial Research, which may enable it to have a clear picture of the magnitude of the work and the relative importance of the various items of the research problems included in the programme. It should then concentrate on such items of the pro-

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These recommendations have been accepted and are being brought to the notice of the

gramme which may need its attention the most, the rest being distributed to other research centres in the country, according to their capacity.

Governing Body of the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

The Committee suggest that research may be undertaken by Government in collaboration with the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar to work out a systematic plan of research so that the various indigenous methods suggested for the cure of Tuberculosis may be scientifically tested and the claims verified or rejected.

(i) The Committee consider that proper arrangements should be made to gather valuable knowledge from those who are known to be experts in herbal remedies, bone setting processes etc. with a view to undertake further research by analysis and scientific testing of such remedies.

(ii) The persons who may have furnished such information should be suitably rewarded, if their remedies prove successful.

(iii) The Committee also suggest that proper publicity may be given to the work of the Committee appointed by the Government of India which

The recommendations will be kept in mind and brought to the notice of the Central Council of Ayurvedic Research when it comes into being. As regards recommendation No. 48(iii) it may be stated that no Committee has been appointed by this Ministry to go round the country for collecting herbs, etc.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

is going round the various parts of the country and collecting information regarding 'secret remedies' in Ayurvedic practice so that persons who may have such useful information can come forward and place it before the Committee.

In view of the fact that the Ministry of Health is required to scrutinise all proposals received from the All India Institute of Mental Health, Bangalore, which is a subordinate organisation under the Ministry, objectively and independently and is also responsible for enunciating policies in the matter of Mental Health Services, the Committee suggest that the officials of the Ministry of Health may not be associated with the management of this and similar other subordinate institutions, as far as possible.

The Committee recommend that for the proper development of Mental Health Education in the country and for co-ordination of various activities of the State Governments in the field of Mental Health Services, a Central Council of Mental Health should be established with its constitution and functions analogous to similar Councils under the Ministry of Education.

The Committee suggest that Government may review the position about the balance Rs. 19.45 lakhs in the provision made in the Second plan for the All India Institute of Mental Health, Bangalore, and assess the actual requirements

The recommendation has been noted for future guidance wherever possible.
(Ministry of Health, O.M. No. F. 7-49/59-B dated 25-1-1960.)

The question of establishing a Central Council of Mental Health will be placed before the next meeting of Central Council of Health.
(Ministry of Health, O.M. No. F. 7-49/59-B dated 25-1-1960.)

Necessary action in this respect is being taken as suggested.
(Ministry of Health, O.M. No. F. 7-49/59-B dated 25-1-1960.)

of the Institute during the last two years of the plan and take measures from now onwards to ensure that the budgeted expenditure is fully and effectively spent on the Institute or on the development of Mental Health facilities elsewhere, keeping in view the deplorable lack of such facilities in the country, during the remaining period of the Second Five Year plan.

54 64 In the matter of opening new Medical Colleges in the country, irrespective of the fact whether Central assistance is sought or not, the Committee suggest that a uniform policy may be evolved to ensure their geographical distribution all over the country so as to afford more or less equal facilities to students residing in different parts of the country.

56 66 (i) The Committee consider that the working of the upgraded departments of Medical Colleges in regard to their general standard and outturn should continuously and effectively be watched by the Ministry of Health to ensure proper utilisation of money allotted for the purpose.

(ii) The Committee suggest that a suitable independent evaluation machinery may be set up for the above purpose.

The recommendation has been commended to the State Governments for consideration.

(Ministry of Health, O.M. No. F. 7-49/59-B
25-1-1960)

(i) & (ii) A Committee has recently been appointed under the Chairmanship of Dr. B. C. Roy to assess the existing facilities for post-graduate medical education in the country and to make recommendations regarding its future development. This Committee will also be an independent evaluation machinery. The observations of the Estimate Committee have been communicated to the Roy Committee.

(Ministry of Health, O.M. No. F. 7-49/59-B
dated 25-1-1960)

The Directors of the Upgraded Departments have been instructed to keep track of the students.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960)

More departments will be upgraded as soon as the recommendations of the Second Upgrading Committee are received. Proposals have recently been received from the Governments of Bihar and West Bengal regarding the upgrading of the Department of Ophthalmology and the establishment of the Department of Parasitology at the School of Tropical Medicine, Calcutta. The Central Government have agreed to offer financial assistance for the Department of Parasitology at the School of Tropical Medicine, Calcutta, equivalent to the entire additional recurring expenditure not exceeding Rs. 65,000 per annum during 1959-60 and 1960-61. This is a departure from the usual pattern of assistance. It is expected that the Plan provision of Rs. 25 lakhs will be fully utilised. The observations of the Estimates Committee have also been brought to the notice of the Planning Commission.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

Progress of the scheme of giving assistance for development of Ayurveda, Unani, Homoeopathy

The Committee consider that there should be a regular followup of trainees coming out of the upgraded departments of Medical Colleges to see how many of them get a chance of working in their speciality and how many take to teaching and research work.

(i) The Committee suggest that steps may be taken by the Ministry from now onwards to ensure the full and proper utilisation of the amounts provided in the budget for the scheme of upgrading of certain departments in Medical Colleges.

(ii) One of the difficulties in the way of the State Governments in accepting new schemes of this type is stated to be that their State Plans do not allow of new expenditure not included in the original Plan. Therefore, they cannot meet their share of the cost of these new schemes, however desirable they might be. The Committee recommend that the Government of India should examine this and find some solution either by persuading the Planning Commission to allow discretion to the State Governments to spend a small percentage of the Plan allocation according to their own special requirements, including meeting expenditure on new schemes, or else by meeting the full expenditure of such schemes from the Central funds.

The Committee suggest that the progress of the scheme of giving grants for development of

Ayurveda, Unani, Homoeopathy and Nature Cure Systems and assistance for upgrading of teaching institutions may be reviewed in the Central Council of Health with a view to ascertain the causes of its slow progress. They also suggest that the details of the schemes may be communicated individually to the institutions concerned indicating, in brief, the procedure of availing of the assistance provided by the Central Government.

and Nature Cure Systems during the first two years of the Plan was not quite satisfactory, but during the third year of the Plan (1958-59) the amount provided for grant of assistance was Rs. 22.80 lakhs whereas the actual expenditure incurred on payment of grants to private organisations and to State Governments amounted to Rs. 47,24,895. Thus the total expenditure during the past three years of the plan period amounts to Rs. 73,68,712/- as against the provision of Rs. 100 lakhs for the entire Plan period.

2. Details of the scheme have been communicated to all the institutions and the State Governments interested in receiving the grants. From time to time, Press Notes have been issued by the Press Information Bureau indicating the procedure of availing of the Central assistance provided by the Central Government.

3. The recommendations in regard to bringing to the notice of the Central Council of Health the progress made in the Central Scheme for the development of indigenous systems of medicine is accepted.

4. It may be added that the Annual Reports of the Health Ministry also indicate the progress made in this regard.

(Ministry of Health O.M. No. F.7-49/59-B dated 25-1-1960).

In view of the fact that the Advisory Committee for Unani has not met at all due to want of suitable schemes from the State Governments, the Committee suggest that the Advisory Committee may be encouraged to take the initiative in formulating suitable schemes which may be recommended to the State Governments for implementation.

The Unani Advisory Committee that met on 2nd May, 1959 have recommended the appointment of a Special Sub-Committee to lay down suitable lines for research that may be conducted by the various Unani research institutions in the country. Further action in the matter is being taken by the Ministry

(*Ministry of Health O. M. No. F. 7-49/59-B dated 25-1-1960*)

In view of the fact that a number of students who fail to get admission in the Allopathic Medical Colleges secure admission in the Colleges of Integrated System of Medicine, but that after graduation they do not practise Ayurveda, the Committee suggest that the minimum standards of admission to the M.B.B.S. and the Integrated courses may be made more or less equivalent so that students may choose either of these two courses as a matter of their future career. Students seeking admission to the Integrated courses may have to possess adequate knowledge of Sanskrit in addition to other minimum requirements. This would automatically prevent the rejected candidates of one course from going in for the other

The Committee recently appointed by the Government of India to assess and evaluate the present status of Ayurvedic education in the country have reported that out of the 76 recognised institutions teaching Ayurveda, 49 are giving education of the Integrated type and 27 in Shuddha type. The Committee have also pointed out that the reasons for failure of the Integrated System in certain States like Madras and Uttar Pradesh are inefficient teaching, lack of control by authorities who were generally not sympathetic to Ayurveda, frequent changes in curricula and lack of proper facilities for practical training. Lack of uniform admission qualifications is also a reason for not getting proper type of students in Ayurvedic institutions. The Committee have mentioned that the general complaint was that students joining Ayurvedic institutions do so as a last resort because they cannot get admission in any other technical institution. They have

suggested almost identical entrance qualifications for the students taking up Ayurveda as for M.B.B.S. The recommendations of the Committee will be borne in mind by the Central Council of Indian Medicine when set up.

The minimum standard of education required for admission in any college is prescribed by State Governments concerned who are primarily incharge of Ayurvedic education. The recommendations of the Estimates Committee are being brought to the notice of the State Governments.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

With a view to stimulate interest in the study of Ayurveda, the Committee suggest that the feasibility of creating a Chair of Ayurvedic Medicine in some Medical Colleges may be examined.

The Chopia Committee which was set up by the Government in 1946 had *inter-alia* recommended the establishment of chairs of Indian medicine in colleges of modern medicines. The Pandit Committee and the Dave Committee also endorsed this recommendation. The Government of India in the Ministry of Health circulated to the State Governments that they were prepared to grant financial assistance

in September, 1957 for establishing a Chair of History at the College of Integrated Medicine, Madras. The State Government has reported that the work is still under progress and will take some time before it can be completed. The Udupa Committee have also strongly recommended the establishment of Chairs of Indian Medicine in modern medical Colleges along with an Ayurvedic Ward in the teaching hospitals attached to such Institutions. The matter will be looked into by the Central Council of Indian Medicines when set up.

The recommendation of the Estimates Committee is being brought to the notice of State Governments.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

7.2 With a view to promote a mutual exchange of ideas and information, the Committee suggest that the Ministry of Health may arrange consultations of the concerned representatives of the Medical Council of India, The Indian Council of Medical Research and the All India Institute of Medical Sciences with the foreign medical experts or Medical Delegations whenever they visit India.

A copy of the suggestion has been forwarded to the All India Institute of Medical Sciences, Indian Council of Medical Research and the Indian Medical Council with the request that they should have consultations with the foreign medical experts or Medical Delegations whenever they visit India. The D.G.H.S. has also been asked to arrange for such consultations.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

77 90 (i) The Committee suggest that in view of the importance of the scheme of employing married nurses on part-time basis, it may be given adequate publicity so as to attract the married nurses to take up part-time jobs.

(ii) The Committee also suggest that the State Governments may be advised to implement the same.

The scheme has been introduced in two of the Central Government institutions in Delhi and the scheme has been commended to the State Administrative Medical Officers. It is not necessary to give wide publicity in the matter as most of the married nurses who wish to work are employed full-time and only a few are available for part-time work.

(*Ministry of Health O M. No. F. 7-49/59-B dated 25-1-1960*)

81 94 In view of the meagre facilities of Dentists in rural dispensaries, the Committee suggest that necessary steps may be taken to induce the State Governments to implement the scheme of establishment of Dental Clinics in District Hospitals included in the Second Five Year Plan.

A copy of the recommendation has been forwarded to the State Governments with the suggestion that necessary action may be taken by them to establish as many Dental Clinics as possible during the remaining period of the Second Five Year Plan

(*Ministry of Health O M. No. F. 7-49/59-B dated 25-1-1960.*)

84 99 The Committee suggest that in future full publicity may be given to the various schemes of the International Scholarships and Fellowships in order to enable the employees working in private institutions to apply through their respective State Governments.

So far the practice has been to ask the State Governments to give wide publicity to the offers of fellowships. It has now been decided to broadcast the offers of fellowships on the All-India Radio from next year.

(*Ministry of Health O M. No. F. 7-49/59-B dated 25-1-1960.*)

This has been given effect to by appointing Shri S. V. Krishnamoorthy Rao, Dy. Chairman, Rajya Sabha, as the Chairman of the Central Selection Committee which is composed of a Chairman, a Member-Secretary and one Member.

The minutes of the meetings of the Selection Committee, which met on the 12th, 13th and 14th May, 1959, have been drawn up accordingly.

(Ministry of Health O.M. No F. 7-49/59-B dated 25-1-1960)

(i) The Committee suggest that the composition of the Selection Committee for the selection of candidates for the International Scholarships and Fellowships may be revised to include some non-officials.

(ii) The Committee also suggest that regular minutes of the various sittings of the Selection Committee, duly signed by the Members, may be maintained and the candidates considered for selection be called for interview as a rule, before they are finally selected for the award of medical scholarships.

(i) The Committee suggest that the principle of debarring Government doctors from private practice as done under Contributory Health Service Scheme, may be extended to all Government doctors in the Union Territories

(i) All the permanent Gazetted posts in Medical and Public Health Services of the Union Territories have been included in the Central Health Services Cadre, which came into force with effect from the 1st June, 1959. The recommendation for this category of staff may be taken as having been implemented. The question of the pay scale and attaching non-practising allowance in lieu of private practice to the temporary Gazetted posts of doctors in Union Territories not included in the Central Health Service is also under consideration with the Government of India. For non-gazetted doctors the decision of the Government of India on the recommendations of the Pay Commission may be awaited.

(ii) The Committee are also of the opinion that the various difficulties in the way of introducing the above principle throughout the country needs a very careful and detailed investigation, so that suitable steps can be taken to overcome those difficulties. The Committee, therefore, suggest that the problem may be referred to the Committee proposed to be appointed by the Ministry of Health referred to in para 8 of the Committee's 37th Report.

(ii) The recommendation has been placed before the Health Survey and Planning Committee of which Dr A. L. Mudahar is the Chairman

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

CHAPTER III

REPLIES OF GOVERNMENT THAT HAVE BEEN ACCEPTED BY THE COMMITTEE

Serial No. as in Appendix VIII of the 45th Report	Reference to Para. No. of the Report	Summary of Recommendation/Conclusion	Reply of the Government								
1	2	3	4								
9	15	The Committee are sorry to note that the progress of both under-graduate and post-graduate teaching in the All India Institute of Medical Sciences has been hampered due to insufficient hospital facilities.	9 & 10. The requirements of beds were intimated by the Director of All India Institute of Medical Sciences for the clinical teaching of students year to year on the basis of a minimum of two beds per student as follows:—								
10	16	The Committee feel that the lopsided distribution of beds made available to the All India Institute of Medical Sciences in the Safdarjung Hospital for teaching purposes, a very large number of them being orthopaedic beds placed at the disposal of the Professor of Orthopaedics at the Institute, should be corrected as early as possible and the requisite number of medical and surgical beds made available for teaching purposes.	<i>Total number of beds required</i> <table><tr><td><i>Year</i></td><td><i>Total number of beds required</i></td></tr><tr><td>1958</td><td>100 beds for 50 students admitted in 1956.</td></tr><tr><td>1959</td><td>212 beds for 121 students admitted in 1956 and 1957.</td></tr><tr><td>1960</td><td>342 beds for 171 students admitted in 1956, 1957 and 1958.</td></tr></table>	<i>Year</i>	<i>Total number of beds required</i>	1958	100 beds for 50 students admitted in 1956.	1959	212 beds for 121 students admitted in 1956 and 1957.	1960	342 beds for 171 students admitted in 1956, 1957 and 1958.
<i>Year</i>	<i>Total number of beds required</i>										
1958	100 beds for 50 students admitted in 1956.										
1959	212 beds for 121 students admitted in 1956 and 1957.										
1960	342 beds for 171 students admitted in 1956, 1957 and 1958.										

As against the above, the number of beds allotted to the Institute were as under :—

<i>Department</i>	<i>No. of beds</i>	<i>When allocated</i>
Orthopaedic	70	1956
Surgical	30	January, 1958
Medical	30	January, 1958
Medical (in charge of Col. M.S. Rao)	42	April, 1958
Medical 12 and Surgical 12	24	15-1-1959 (Provided in the new blocks of the Safdarjang Hospital).

Thus it will be observed that facilities as required by the Institute have been provided.

Out of 70 beds in the Orthopaedic Department the Ministry were advised that 30 to 40 beds could conveniently be utilised for teaching under-graduate students in such subjects as injuries, fractures, deformities which form part of General Surgery. The distribution of beds made available to the Institute in the Safdarjang Hospital cannot, therefore, be regarded as lopsided.

In addition to the beds allotted to the Institute in the Safdarjang Hospital, the setting up of a temporary 100 bedded hospital in the campus of the Institute for the Clinical Teaching of students was also approved in June, 1958. This hospital started functioning on 30th December, 1958.

It has also been agreed that the strength of the hospital may be raised to 200. The beds that will be available to the Institute, after the bed strength has been increased to 200, may be distributed by the Institute in the manner required by them.

(Ministry of Health O.M. No. F. 7-49/59-B
dated 25-1-1960.)

Since the All India Institute of Medical Sciences has been charged with the development of patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to be able to demonstrate a high standard of medical education to all medical colleges and other allied institutions in the country, the Committee are of the opinion that it is desirable to consider the sufficiency or otherwise of the existing machinery and equipment and facilities available to the Institute to enable it to discharge its functions in a co-ordinated and

With a view to ensure that the Institute properly discharged its functions and responsibilities, as laid down under the Act, the Government of India established the Institute with Rajkumari Amrit Kaur, the then Health Minister, as its President and 16 other members to represent or watch various interests, to give expert advice and guidance in the formulation of policies and programmes and to run the Institution as an autonomous body on sound lines. A Governing Body has also been constituted under the Act with Rajkumari Amrit Kaur as

realistic manner, keeping in view the objectives of the Institute.

its Chairman and 8 other members to serve as the executive committee of the Institute. There are also the following standing or *ad hoc* Committees :—

- (i) The Finance Committee with Dr. Jivraj N. Mehta as Chairman and four members to deal with financial matters.
- (ii) The Academic Committee with Dr. A. L. Mudaliar as Chairman, and 8 other members, to consider academic questions, formulate policies and programmes for teaching, research etc.
- (iii) The Building Committee with Rajkumar, Amrit Kaur as Chairman and five members to deal with matters concerning the construction of buildings of the Institute.
- (iv) The *Ad hoc* Committee for the purchase of stores worth Rs. 2,000/- or above is constituted with the Director General of Health Services, Lt. Col. Amir Chand, who are members of the Institute and the Director.
- (v) The Selection Committee with Dr. Jivraj N. Mehta as Chairman and 6 other members for selection of candidates for appointment to Class I and Class II posts.

Meetings of the Governing Body, Academic Committee, Finance Committee, *Ad hoc* Committee and Building Committee are held as and when necessary for dealing with various problems of the Institute.

If the membership of the Institute is analysed, it will be seen that the members are closely associated with various important scientific and learned bodies. For example amongst members of the Institute, there are 4 representatives of the Medical Faculties of the Indian Universities, 4 members of Parliament, 3 members of the Indian Medical Council who are all distinguished medical educationists, 1 non-medical Scientist representing the Indian Science Congress, the President of the Inter-University Board, 3 Vice-Chancellors of Universities, Director General of Health Services and a representative each of the Ministries of Education and Finance.

The Institute and its committees are thus fully charged with the responsibility of constantly examining and reviewing the sufficiency or otherwise of the existing machinery and equipment and other facilities available in the Institute in a coordinated and realistic manner, in keeping with the objectives of the Institute and to ensure their due fulfilment.

(Ministry of Health O.M. No. F. 7-49/59-B
dated 25-1-1960.)

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The Committee recommend that the procedure of selection of candidates should be so evolved as to enable all qualified persons in the country to get equal opportunities for competition and entry into the All India Institute of Medical Sciences.

Candidates for post-graduate studies are selected on their applications, invited by advertisements in newspapers in the country, copies of which are also sent to all Universities and medical institutions in India and the selection is made by selection committees including the Director, the Professor concerned and an outside expert in the subject.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

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The Committee are of the opinion that admissions to the under-graduate course in the All India Institute of Medical Sciences do not reflect the All-India character of the Institute. In order to attract bright students from all over the country and to make the institute really of an all-India character, the Committee suggest that :—

As the Institute is located in Delhi it is but natural that more students from this area seek admission to this Institute on account of its geographical proximity and economic considerations. With regard to the recommendation made by the Estimates Committee for ensuring that bright students from all over the country are attracted to the Institute and the Institute possesses an all India character, the following comments are offered :—

(a) The standard of teaching be raised so as to attract students from outside Delhi ;

(a) It is not the standard of teaching that prevents students from other parts of the country to seek admission but other reasons, e.g., distance from home town, expenditure of staying in Delhi, late admission to the Institute, etc. The date of admission is

purposely kept late to enable students from all parts of the country to appear for the entrance examination as the dates of publication of results of I. Sc. or equivalent examination in some parts of the country are very late

(b) Publicity is given from time to time to the facilities available in the Institute through newspaper columns, through exhibitions organised in Delhi and by facilitating visits of staff and students from other Universities to the Institute. This recommendation has, however, been noted for appropriate action.

(c) It is presumed that the Calcutta University will take action on this recommendation and take up the matter with the Inter-University Board or amend their own regulations. It will not be possible for the Institute to make special arrangements to teach Organic Chemistry to a small number of students.

(d) The number of freeships, which are awarded to the under-graduate students of the Institute is 10% of the total number of students per year, and there is an equivalent number of half freeships. Besides two merit scholarships are also given on the results of each examination. This recommendation of the Estimates Committee will be placed

(b) Suitable publicity be given to the facilities offered by the Institute;

(c) the question of ineligibility of the Calcutta University students due to non-inclusion of Organic Chemistry in I.Sc. syllabus be solved by taking up the matter in the Inter-University Board or by making special arrangements for their training to make up for the deficiency ; and

(d) the number of freeships for merit promising students be increased.

before the Academic Committee of the Institute in due course for consideration

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*)

16 23(c) [*Further Information required by the Committee*]

It may be stated (i) whether the matter has been referred to the Inter-University Board, University Grants Commission and the Ministry of Education, and (ii) if there are other Universities in the country besides the Calcutta University which do not teach Organic Chemistry in Intermediate Science.

23(d) The action taken by the Academic Committee of the All India Institute of Medical Sciences on the Recommendation may be indicated.

[*Lok Sabha Secretariat O.M. No. 6.EC-II/60, dated 4-5-1960.*]

17 24 The Committee regret to observe that rural bias in the training of students in the All India Institute of Medical Sciences has been lacking so far although it is one of the objectives of the Institute.

The Committee's recommendations have been brought to the notice of the Ministry of Education for further necessary action. Information as to whether there are any Universities other than Calcutta which do not teach Organic Chemistry in the Intermediate Science has been called for from the Ministry of Education.

The Academic Committee of the Institute considered the proposal and decided that *status quo* should be maintained. This decision was ratified by the Institute. This Ministry also agreed.

(*Ministry of Health O.M. No. F. 7-49/59-B (Pt.) dated 12-7-1960*)

The first two years of the *under-graduate* course are devoted to the teaching of basic sciences. It is only from the 3rd year class that rural bias can be imparted to students, and this is what has

been done in the Institute. The students in the 3rd and the 4th year Classes are periodically taken out to rural health centres and rural areas for this purpose. A field practice area in a rural community adjacent to the Institute has been organised in collaboration with the Delhi Corporation for the teaching of Preventive and Social Medicine to the students of the Institute. Students were also sent out to rural areas for the purpose of giving inoculations during a recent apprehended epidemic of cholera. The development of rural practice fields by the Institute will give better facilities to the senior students of the Institute to better develop a rural bias.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

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As the All India Institute of Medical Sciences has appointed an Associate Professor of Preventive and Social Medicine more than a year ago, to be mainly in charge of the work, the Committee recommend that the Najafgarh Centre should be handed over to the Institute without further delay so that this aspect of training does not suffer any longer.

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At the present moment the All India Institute of Medical Sciences are neither in need of nor in a position to take over the Najafgarh Centre as they are developing a field practice area of their own for the benefit of their undergraduate medical students in an adjoining area which will include Menrauli, Tughlakabad and one or two other nearby places. It has, therefore, been decided to maintain *status-quo* for the present.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

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The Committee hope that the target date for shifting the College of Nursing to the All India Institute of Medical Sciences Campus would be adhered to and necessary arrangements with the Delhi University, regarding its disaffiliation, finalised well in time *

(*N.B.—At the stage of factual verification of the Report the Ministry of Health intimated as under :—

“This was the position when the Committee took the evidence in December, 1958. The position has changed since then. The All India Institute of Medical Sciences do not wish that the Nursing College should be amalgamated with the Institute.”)

The Committee regret to note that the reasons for the proposed change have not been given.

[Further information required by the Committee.]

The latest position in regard to the question of amalgamating the College of Nursing with the All India Institute of Medical Sciences may be stated.
(*Lok Sabha Secretariat O.M. No. 6-EC-II/60, dated 4th May 1960.*)

The question of amalgamation of the Nursing College with the All India Institute of Medical Sciences was considered by the Institute at their meeting held on the 25th January, 1959. The Institute felt that in view of the unavoidable delay in the construction of the Hospital and the necessary facilities thereof for the training of nurses at the Institute the starting of the Nursing College would have to be delayed and decided to take up this question at a later stage.

(*Ministry of Health O.M. No. F.7-49/59-B dated 25-1-1960.*)

The College of Nursing would be taken over by the All India Institute of Medical Sciences when the Institute's 650-bed hospital is ready.

(*Ministry of Health O. M No. F. 7-49/59-B(Pt.), dated 12-7-1960.*)

With a view to achieve a greater measure of economy and efficiency in the day-to-day working of the Lady Hardinge Medical College and Hospital and the Kalawati Saran Children's Hospital, the Committee consider it desirable to have either a common Advisory Committee or a Co-ordination Committee which can take an overall view of the common problems and strengthen the outlook of considering the two as one integrated unit.

The co-ordination is effected by having a common Executive Officer *viz.*, the Principal, Lady Hardinge Medical College, who is also Member-Secretary of the Board of Administration of the Lady Hardinge Medical College and Hospital as well as of the Board of Management of the Kalawati Saran Children's Hospital. The Director General of Health Services is also the Chairman of both the bodies.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

The Committee suggest that the feasibility of arranging a few extra classes in the Lady Hardinge Medical College and Hospital during holidays for coaching students belonging to the Scheduled Castes and Scheduled Tribes, in whose case the admission standards were relaxed and who remained below the average standard may be examined.

This is not possible with the present staff.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*).

(i) The Committee consider that the Advisory Committee of the College of Nursing, New Delhi should more actively be associated with the activities of the institution and that some non-officials interested in the subject should be included in the Committee to make it more representative.

(i) The Advisory Committee of this College has been instituted in accordance with the rules of the Delhi University which require technical people to be on this Committee for the purpose of advising in all matters which concern the educational development of nursing profession. However, the question of enlarging its membership is under co-ordination.

(11) The Committee also suggest that the scope of the Advisory Committee may be widened to include not only the technical but also the administrative problems of the College.

(12) This is a Government Institution and the Technical Advisory Committee is expected to advise on technical matters only

(*Ministry of Health O.M. No. F.7-49/59-B dated the 25-1-1960*).

39 In view of the fact that the Najafgarh area is already being served by the Pilot Health Projects Scheme, the Committee consider it advisable that the Mobile Nursing Van in charge of the College of Nursing, New Delhi should serve some other areas where health services do not exist.

48 The Mobile Nursing Van in the charge of the College of Nursing covers a total of 11 villages in Najafgarh area comprising a population of over 11,000. The Pilot Project at Najafgarh, however, affords a coverage to only 7 of these 11 villages comprising a population of about 5,000 people. Even this coverage by the Pilot Project is far from adequate, both for teaching and service purposes. The Mobile Nursing Van not only provides curative and preventive services to this rural population but also serves the essential objective of teaching students for which primarily the Van is meant. The coverage of the villages by the Mobile Nursing Van is not a duplication but forms an essential feature of the educational, curative and preventive programme as explained above. Added to this is the fact that Chawla being

the headquarters for teaching programme in Public Health Nursing for the students of the College, the Mobile Nursing Van has to be maintained at Chawla.

(Ministry of Health O. M. No. F.7-49/59-B
dated 25-1-1960)

The Committee are of the view that some sort of evaluation and reorientation of the Child Guidance Clinics established in the country is necessary before undertaking further expansion plans of such projects. The Committee, therefore, suggest that proper evaluation of the working of such Clinics by an independent agency like the Planning Commission may be undertaken to see (i) whether the results achieved so far are commensurate with the expenditure incurred on the Scheme and (ii) whether the number of child delinquents has decreased with the establishment of such Clinics in teaching hospitals in different parts of the country.

It is the considered opinion of the Government that in view of the very brief period for which the scheme has been functioning and in view of the fact that some of the units are yet to be established during the remaining period of the 2nd Five Year Plan the evaluation of the work of Child Guidance Clinics and Psychiatric Departments should be done two or three years later

(Ministry of Health O M No. F 7-49/59-B
dated 25-1-1960)

The Committee consider that it would be desirable to forge a better link for effecting a close liaison in the overall working of the All India Institute of Mental Health, Bangalore and the Mysore Government Hospital for Mental Diseases.

The Hospital for Mental Diseases at Mysore is under the Administrative Control of the State Government and the All India Institute of Mental Health, Bangalore is managed by a Governing Body with the

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The Committee suggest that the feasibility of having a Joint Board of Management for both these institutions may be explored.

Secretary, Ministry of Health, as Chairman. It would accordingly not be feasible to have a Joint Board of Management for the two institutions. Whatever coordination is necessary, is being exercised by the Director who is also the Superintendent of the Mental Hospital, at Bangalore. No difficulty has been experienced so far in the management of the All India Institute of Mental Health, Bangalore.

(Ministry of Health O.M. No. F 7-49/59-B dated 25-1-1960).

- (i) The Committee are surprised to observe that the scheme of granting subsidy for full time teaching units in Medical Colleges has remained unimplemented as yet.
- (ii) The Committee recommend that the difficulties expressed by the State Governments should be

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examined and met with as far as possible in order to implement the scheme of granting subsidy for full time teaching units in Medical Colleges as early as possible. In the meantime, it would be desirable to make an assessment of the teaching and research work done by whole-time professors and by those who are allowed private practice to bring out the relative merits of the two systems.

from 1959-60 for the period of Second Five Year Plan. So far, the Governments of Orissa, Bombay and Kerala have intimated their final agreement to participate in the scheme. The question of giving assistance to the State Governments for this scheme during the Third Plan period has been taken up with the Planning Commission. While the Planning Commission are not in a position to commit for the Central assistance for the Scheme beyond the Second Five Year Plan period, there is reasonable presumption that in view of its importance, the scheme would be continued during the Third Five Year Plan period. The question of making assessment on the lines suggested by the Estimates Committee will arise only after the scheme has been implemented.

(Ministry of Health O.M. No. F.7-49/59—B
dated 25-1-1960)

The Committee feel that it may be necessary to encourage both the "shuddha" and the "integrated" systems for some time more leaving it to the State Governments to decide whether they should introduce one system or the other. In the meantime, the Committee suggest that the results of both these systems may be watched carefully so that at some future date it may be possible to assess their relative merits.

The Chopra Committee and Dave Committee had both recommended the "Integrated System" of Ayurvedic training. But the Central Council of Health which considered the Dave Committee recommendations left it to the discretion of the State Governments to do whatever they could to encourage the Indigenous Systems of Medicine. This decision gave rise to the "Shuddha Ayurveda"

movement. The Udupa Committee recently set up by the Ministry of Health have also recommended that the integrated and shuddha type of training in Ayurveda should continue side by side for some time to come, the latter being reinforced by more practical facilities and a working knowledge of modern medical subjects also. The Udupa Committee have also recommended the establishment of a Central Council of Indian Medicine which will pursue this question and prescribe a common syllabus for the whole country for both types of training. The recommendations of the Udupa Committee are under consideration.

(*Ministry of Health O. M. No. F.7-49/59-B dated the 25-1-1960*).

65 The Committee suggest that negotiation with the T.C.M. may be held for the supply of equipment to prominent research institutes carrying on research in Indigenous Systems of Medicine provided those in charge of the Institutions desire to get such modern equipment and are adequately staffed to make good use of it.

75 The existing provision is hardly sufficient to meet the requirements of the medical institutions concerned with modern medicine. T.C.M. aid is all-project related and supply of equipment against even such projects is limited to 20% of the cost of the project. There is little chance of the T.C.M. entering into a Project agreement for the development of Indigenous

Systems of Medicine. No further action therefore, seems possible on this recommendation.

(*Ministry of Health O M. No. F.7-49/59-B, dated the 25-1-1960*).

The Ministry of Health have had informal discussions with the T.C.M. who stated that they would not be able to make available any assistance for carrying on research in Indigenous Systems of Medicine.

[*Ministry of Health O.M. No. F.7-49/59-B(Pt.) dated 12-7-1960*).

[*Further information required by the Committee*].

It may be stated if attempts were made by Government to negotiate such assistance with the T.C.M. for institutes carrying on research in Indigenous Systems of Medicine. If so, the result may be intimated.

(*Lok Sabha Secretariat O. M. No. 6. E.C.II/60, dated 4-5-1960*).

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The Committee suggest that the Ministry may have some machinery to collect information regarding the achievement made in the field of research carried out by the recipients of the equipment supplied by the T.C.M. regularly with a view to have their proper evaluation for future guidance.

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Periodical reports are called for from the institutions. The officers of the Directorate General of Health Services visit the institutions from time to time and submit reports to Government. It is not considered necessary to set up any new machinery for this purpose.

(*Ministry of Health O M. No. F.7-49/59-B, dated 25-1-1960*).

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(i) The Committee consider that there is scope for improvement in the procedure of sanctioning grants and watching their proper utilisation.

(i) The utilisation of the grants paid by the Ministry is watched and certificates of utilisation are furnished to audit in all cases.

(ii) The Committee consider that there should be an organisation on the lines of the University Grants Commission for the development of medical education in the country which may be in charge of awarding grants to Medical Colleges, Teaching Hospitals, Research Institutions, etc. This body may also be entrusted with the task of giving grants to the hospitals for their expansion, development, equipment, etc

(ii) The proposals from the State Governments for Central assistance under various schemes including the scheme for the establishment of new medical colleges and expansion of existing ones are scrutinised in the Directorate General of Health Services, which is technically competent to advise the Government of India about the desirability or otherwise of the proposals for assistance, etc. There is a further scrutiny of the schemes by the Planning Commission and the Ministry of Finance. As regards research work, most of the grants are paid under the auspices of the Indian Council of Medical Research, which has got various committees under its control.

It is, therefore not considered necessary to set up an organisation on the lines of the University Grants Commission.

(Ministry of Health O.M. No. F. 1-49/59-B, dated 25-1-1960.)

68 79 The Committee reiterate the recommendations of the Central Council of Health that the Union Government should actively encourage research in Ayurveda, Unani and Homoeopathy (as also Nature-Cure). The Committee also suggest

Government are already encouraging the development of Ayurvedic System of Medicine by giving grants for research and upgrading of institutions. During the Second Five Year Plan period the

Central Council of Health periodically to assess the progress made in the development of indigenous systems of medicine.

	1956-57 Rs.	1957-58 Rs.	1958-59 Rs.
Ayurvedic	• 6,77,827	• 14,02,550	24,85,095
Unani	• 94,996	• 40,534	• 94,800
Homeopathic	• 2,37,020	• 2,10,000	• 70,000
Nature cure	• 60,000

Payment of grants depends upon the suitability of schemes put forward through the State Governments.

The Committee recently appointed by the Government to assess and evaluate the present status of Ayurvedic Education in the country have recommended in their report that three more research and post-graduate institutions like the Central Institute of Research in Indigenous Systems of Medicine and the Post Graduate Training Centre, Jamnagar, should be established. The Committee has also recommended the establishment of a Central Council of Indian Medicine and Central Council of Ayurvedic Research. The Committee has further recommended that the State Governments should establish Post Graduate and Research Department in the

teaching institutions, also Boards of Research in each State. The report of the Committee is still under consideration.

(*Ministry of Health O. M. No. F. 7-49/59-B, dated 25-1-1960.*)

69 The Committee suggest that the development of Homoeopathy and Nature-cure systems on the lines envisaged in the First Plan may receive adequate attention.

Adequate provision has already been made in the scheme of Central assistance for the development of Indigenous Systems of Medicine including Homoeopathy and Nature Cure, so far as research and upgrading are concerned. In the First Five Year Plan period, the response from State Governments particularly, in regard to Homoeopathy and Nature Cure was not encouraging. During the Second Five Year Plan period, upto 1958-59, the following grants have been paid for research and upgrading in Homoeopathy and Nature Cure :—

	1956-57 to 1958-59	Rs.
Homoeopathy		5,27,910
Nature Cure		60,000

Further assistance will be given on the basis of schemes sponsored by State Governments and approved by the Advisory Committees concerned.

(*Ministry of Health O. M. No. F. 7-49/59-B, dated 25-1-1960*)

83 The Committee recommend that an objective review of the achievements of the Medical Council of India since the time of its inception should be undertaken by the Government of India to see how far it has succeeded in establishing a uniform minimum standard of higher qualifications in medicine in the country.

It is not considered necessary to undertake any special review of the working of the Medical Council of India as the Council has achieved and continues to achieve the object for which it was constituted.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960*).

84 The Committee are of the view that there should be some machinery in the Ministry of Health or in Medical Council of India to collect detailed and up-to-date information about new knowledge and practices in foreign countries regarding hospitals, medical education, research, general improvement of sanitation and hygiene, provision of medical facilities to people, etc., regularly from abroad by exchange of publications, technical bulletins, scientific journals, etc., with a view to derive the fullest benefit of the results of research and other administrative patterns prevailing in foreign countries.

As far as medical study, courses, syllabus etc. are concerned, the Medical Council, and the Directorate General of Health Services are already collecting information on these matters. Regarding Research, the Indian Council of Medical Research is keeping constant note of progress and has the necessary information with regard to latest developments made by foreign countries.

As regards the general improvement in sanitation, medical facilities to people etc. the various sections of the Directorate General of Health Services are alive to the situation. The Directorate has an excellent library with many journals and all types of information is readily available there. In the circumstances the Government do not consider it necessary to have any further machinery for the purpose.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960*).

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86 The Committee suggest that it would be desirable to re-examine the present position regarding the powers and facilities at the disposal of the Medical Council of India to keep a close contact with Medical Colleges in the country and to have an up-to-date knowledge of the prevailing standards of medical education in different branches of medical sciences, so as to ascertain what further steps would be necessary to improve the position.

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87 (i) The Committee consider it unfortunate that there should be wide variation in the standards of post-graduate course in different Universities.

(ii) The Committee suggest that the feasibility of investing the Post-Graduate Medical Education Committee of the Medical Council of India (constituted *vide* Section 20 of the 1956 Act) with authority to hold all India examinations for post-graduate medical courses may be examined.

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88 (i) The Committee consider it unfortunate that the recommendations of the Nursing Committee appointed by the Central Council of Health in respect of improving the pay scales and working conditions of nurses have remained unimplemented, and even in the Union Territories the service conditions of Nurses are sub-standard.

The Medical Council of India has been asked to place the suggestion before the new Medical Council of India to be constituted under section 3 of the Indian Medical Council Act, 1956.

(*Ministry of Health O.M. No. K. 7-9/59-B, dated 25-1-1960*).

The Medical Council of India has been asked to place the suggestion before the Post-graduate Medical Education Committee when it is constituted under Section 20 of the Indian Medical Council Act, 1956.

(*Ministry of Health O.M. No. F 7-19/59-B, dated 25-1-1960*).

The existing scales of pay and allowances for nursing personnel in the Central Government Institutions meet the Nursing Committee's recommendations.

In the Union Territories the scales of pay etc., usually sanctioned for nursing staff are similar to those admissible to the corresponding nursing staff in the adjoining State.

(ii) In view of the above facts, the Committee are of the opinion that the Central Government should set up a model of service conditions in the Union Territories. The Committee recommend that the least that should be done, is to have the recommendations of the Nursing Committee implemented fully in the Union Territories and the centrally administered institutions and the States may be advised to implement them as soon as possible.

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In the matter of improving the service conditions of Nursing Staff in the States, the Committee suggest that the Central Government may evolve a scheme to provide suitable assistance to the State Governments to implement the recommendations of the Nursing Committee.

There is, however, a proposal to create a Central Nursing Service which, if finally sanctioned, will ensure uniformity in pay and allowances and conditions of service. If the Central Nursing Service is extended to the Union Territories also, the disparity between the Central and the Union Territories scales of pay and allowances will disappear.

(Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960).

There has been improvement in the nurse-patient ratio, Nurse-student ratio and hours of duty. The information collected from about 336 schools all over India shows progressive improvement each year.

Poor living conditions form one of the main factors that need improvement. Some assistance has been given in the form of grants-in-aid to some of the training schools. The assistance programme will continue during the 2nd Five Year Plan. Gradual improvement is being carried out in providing sufficient residential accommodation for nursing training schools.

The Central Government has so far offered assistance under the Public Health Integration Programme during the 2nd Five Year Plan to increase the number of nurses to 9 training Schools in different States.

The Central Government's assistance includes provision for the construction of living quarters for the additional students and staff to be appointed by the schools. This assistance is being extended to 100 more schools during the 2nd Five Year Plan period.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960*).

78 The Committee suggest that with a view to enable the nurses to continue in service even after marriage, the feasibility of providing family quarters to married nurses may be examined.

Married nurses, if appointed on a part-time basis, are not required to do night duty. Accommodation on the hospital premises is generally given to nurses who are required to be on duty at any time during the 24 hours of day and night. As married nurses appointed on part-time basis are not required to do such duties, the question of providing them accommodation in the hospital compound has not arisen so far.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960*).

80 In view of the existing shortage of qualified dentists in the country, the Committee consider it necessary to expedite the implementation of the scheme of establishment of new and expansion of existing Dental Colleges by making suitable modifications in the scheme, if necessary.

At the beginning of the Second Five Year Plan there were seven Dental Colleges. Two more Dental Colleges have now been approved for central assistance during the Second Five Year Plan period.

The Committee observe that the approximate cost per patient treated in the Civil and Military Dispensary, Simla works out to Rs. 1.18. This is too high as compared with the cost in other outdoor departments such as in the Irwin Hospital, New Delhi, and needs looking into by the Ministry.

(Further information required by the Committee)

The result of examination of the recommendation may be stated.

(Lok Sabha Secretariat O.M. No. 6. E.C. II/60, dated 4-5-1960).

During the Second Five Year Plan period, the Government have approved the expansion of five Dental Colleges.

The Government of Bombay have been informed that any amount actually sanctioned by the Central Government as Central assistance for centrally sponsored schemes, viz., the Upgraded Departments in Dentistry in Bombay may be diverted for the establishment of the Nagpur Dental College. It is expected that the provision of Rs. 75 lakhs will be utilised. Two more Dental Colleges at Bangalore and Patna are likely to be established during the Second Plan period.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960).

The matter is under consideration in consultation with the Director General of Health Services.

(Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960.)

The cost of Rs. 1.18 per patient treated at the Civil and Military Dispensary, Simla, is not considered high. In other hospitals and dispensaries patients are asked to purchase medicines not available in the hospital/dispensary and the cost is not reflected in the figures of that hospital/dispensary, whereas in

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With a view to effecting economy and increasing efficiency, and in view of the fact that the Himachal Pradesh Hospital, Simla, is for all purposes a Central Government Hospital, the Committee recommend that the Civil and Military Dispensary and the X-ray Installation, Simla should be integrated with the Himachal Pradesh Hospital.

[*Further information required by the Committee*]

The result of examination of the recommendation may be stated.

(*Lok Sabha Secretariat O.M. No. 6. E.C. II/60, dated 4-5-1960.*)

the Civil and Military Dispensary, Simla, most of the medicines are supplied in kind. The cost is also not higher as compared to C.H.S. Dispensaries in Delhi where it is approximately Rs. 3.82 per patient.

[*Ministry of Health O.M. No. F. 7-49/59 (Pt.) dated 12-7-1960.*]

The matter is under consideration in consultation with the Director General of Health Services.

(*Ministry of Health O.M. No. F. 7-49/59-B dated 25-1-1960*)

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Simla is a widespread area and the Civil and Military Dispensary is serving a large number of Central Government servants and members of their families stationed at Simla. The number of patients treated has increased from year to year. Only the minimum staff has been employed in the Civil and Military Dispensary and the X-ray Installation Simla. As these establishments are being run economically, usefully and efficiently, it is not considered desirable to integrate them with the Himachal Pradesh Hospital.

[*Ministry of Health O.M. No. F. 7-49/59 (Pt.), dated 12-7-1960.*]

CHAPTER IV

REPLIES OF GOVERNMENT THAT HAVE NOT BEEN FINALLY ACCEPTED BY THE COMMITTEE

Sl.No.(As in the Appendix VIII of the 45th Report)	Reference to Paragraph No. of the Report	Summary of Recommendations/ Conclusions	Reply of the Government	Office Comments
1	2	3	4	5
3	7	<p>The Committee deprecate the tendency of air-conditioning huge buildings at very high cost and recommend that the proposals to air-condition the various blocks and buildings of the All India Institute of Medical Sciences, which are still to be constructed, should be immediately reviewed with the object of cutting out air-conditioning and effecting</p>	<p>The original estimate for air-conditioning of the entire Institute buildings was Rs. 75 lakhs. A review was undertaken in consultation with the C.P.W.D., the Senior Architect in the Directorate General of Health Services and the Institute. The Institute again urges, as has already been advised by the technical experts that the design</p>	Please see para 1 of Chapter I.

substantial economies. Only those portions wherein air-conditioning is absolutely necessary in the interest of research etc., should be air-conditioned.

of the building is such that it cannot function without air-conditioning. In view of the fact that wider corridors, thicker walls and higher ceilings have not been provided to counteract the severe heat in Delhi, it is essential to air-condition the buildings of this Institute which have been designed for that purpose. There does not appear to be any scope for further review.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960*)

(*Further information required by the Committee.*)

The total estimated cost of air-conditioning the building, construction of which was taken up after knowing the Estimates Committee's recommendation may be stated.

At the time the Estimates Committee's views were known, the Pre-clinical Block was under construction. Thereafter, construction of the Teaching Block has been taken up. The Institute has not yet submitted the estimates for air-conditioning the Pre-clinical and the Teaching Blocks.

(*Lok Sabha Secretariat O.M. No. 6-EC. II/60 dated 4-5-1960*)

The question of reducing the expenditure on air-conditioning was examined in detail in 1958 and it was decided to air-condition only parts of the Pre-clinical and the Teaching Blocks for the time being and thus save Rs. 11 lakhs. Air-conditioning of the Museum, Assembly Hall and Library was also omitted, thereby saving Rs. 9.8 lakhs.

(*Ministry of Health O.M. No. F. 7-49/59-B (Pt) dated 12-7-1960*).

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(i) The Committee are of the view that the original idea of making the Safdarjang Hospital a nucleus for the All India Institute of Medical Sciences should have been adhered to. It had the great advantage that it would have immediately supplied the Institute with the necessary beds and it would have prevented the necessity of two big hospitals coming up side by side in the same locality. It would have also reduced the cost of the Institute substantially.

As already explained in connection with item No. 28 of the 36th Report, there is at present no proposal to expand the Safdarjang Hospital beyond what has already been sanctioned. Further expansion will depend on circumstances and the Government cannot obviously bind themselves that this hospital will not be expanded at all at any time in future.

(*Ministry of Health O.M. No. F 7-49/59-B, dated 25-1-1960*)

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The suggestion of the Estimates Committee for providing 25 beds for the C.H.S. cases at the Willingdon Hospital and another 25 to 50 beds at the Safdarjang Hospital related to maternity cases only (*vide* para 37 of the 45th Report). The statement made by the Ministry to the effect that the number of beds utilised by the C.H.S. patients at the Willingdon and Safdarjang Hospitals was far in excess of the proportion suggested by the Estimates Committee does not take this fact into account.

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(ii) The Committee are not convinced of the reasons that the Safdarjang Hospital could not have served both the teaching requirements of the Institute and the requirements of the C.H.S. Scheme. However, in view of the fact that the Ministry is anxious to have the Safdarjang Hospital under its own control for meeting its commitments under the C.H.S. Scheme and the Institute authorities are anxious to have their own Hospital, all that the Committee can do is to reiterate their recommendation made in para 35 of the Part I (36th Report) that further expansion of the Safdarjang Hospital be stopped, and its bed strength be stabilised at about 652 beds, contracts for which have already been given.

(iii) In view of the fact that the reasons for not transferring the Hospital to the Institute as given by the Ministry were

the requirements of the Contributory Health Service Scheme, the Committee are surprised to note that no beds in the Safdarjang Hospital have been reserved for patients under the Contributory Health Service Scheme. This should be done without delay to enable the Government to fully meet their commitments under the Contributory Health Service Scheme, particularly, as regards the maternity cases.

(Further information required by the Committee.)

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(iii) The action taken on the recommendation may be indicated describing *inter-alia* the nature of special facilities provided to the patients under the C.H.S. scheme.

(Lok Sabha Secretariat O.M. No. 6. EC. 11/60, dated 4-5-1960).

It is a fact that the beneficiaries of the Contributory Health Service Scheme are experiencing difficulties in the matter of hospitalization for maternity cases in the Safdarjang Hospital. Construction of a Maternity Block in the Safdarjang Hospital at an estimated cost of Rs. 22,62,587/- has been sanctioned for implementation during the Second Five Year Plan. The proposed block when completed will provide 200 beds (Gynaecology 80 and Maternity 120).

The Committee are of the view that there should be greater weightage for admission of patients under the Contributory Health Service Scheme particularly in the Safdarjang Hospital and that the question of reserving sufficiently large number of beds in each of the specialities in the Hospital, should be reconsidered.

With regard to the reservation of beds in the Safadarjang and Willingdon Hospitals for the beneficiaries of the C.H.S. Scheme, it may be observed that this question has been considered carefully and it is considered that any reservation is likely to add to the difficulties of the beneficiaries. Reservation of beds would mean that admission would be refused if the quota of reserved beds is occupied at any time even if beds in the hospitals happen to be available otherwise. It is suggested that 25 beds in the Willingdon Hospital and 25-50 beds in the Safdarjang Hospital should be reserved.

As against this the actual position is that out of 5,013 cases admitted to the Willingdon Hospital in 1958, 3,205 cases were of C.H.S. beneficiaries. In other words, over 55%

of the 200 and odd beds were occupied by C.H.S. beneficiaries. In the Safdarjang Hospital, out of 14,044 admissions 3,044 were of C.H.S. beneficiaries. This means that a little less than 25% of 400 beds were used by the CHS beneficiaries. Thus, even though no reservation has been made, in actual practice the number of beds utilised by the C.H.S. patients is far in excess of the proportion suggested by the Estimates Committee. Apart from this, beds are distributed to various specialities like, Medical, Surgical, Orthopaedics, Gynaecology, E.N.T. etc. As such, reservation of beds in all the specialities is likely to cause administrative difficulty and hardship to the beneficiaries of the C.H.S. Scheme.

(Ministry of Health O.M. No. F. 7-49/59-B(Pr), dated 12-7-1960).

The Government have decided to take over and to run the Lady Hardinge Medical Col-

(i) The tendency to run medical institutions from the Ministry or the Directorate General

of Health Services requires to be revised.

(ii) The Committee recommend that the Board of Administration of the Lady Hardinge Medical College and Hospital should be reconstituted, preferably under the chairmanship of a capable woman, so as to invest it with a larger degree of autonomy consistent with the academic and financial requirements of the Institution.

(i) The Committee suggest that the Board of Administration of the Lady Hardinge Medical College and Hospital may meet more frequently and be actively associated with the activities of the College and Hospital to ensure maintenance of the minimum standards required of an all India institution of this type.

(ii) The Committee hope that the Board of Administration of the Lady Hardinge Medical

College and Hospital as a Government of India institution. It is not proposed to hand over the administration of such institutions to non-official agencies. In view of this decision, it is not considered necessary to reconstitute the Board of Administration.

(Ministry of Health O.M No.
F. 7-49/59-B dated 25-1-1960)

College and Hospital will be strengthened and made more effective, without delay.

(Further information required by the Committee)

The grounds for taking over the administration of the Lady Hardinge Medical College & Hospital by the Government of India may be stated.

(Lok Sabha Secretariat O.M. No. 6 E.C. II/60, dated 4-5-1960)

The Government of India have decided not to take over the Lady Hardinge Medical College and Hospital for direct administration. It will continue to be governed by a Board of Administration with the D.G.H.S. as its Chairman. As the entire expenditure for the maintenance of the institution is met by the Government of India, it is desirable that Government should have effective control over the affairs of the institution and for this it is considered that the D.G.H.S. should continue to be the Chairman of the Board of Administration. The Board of Administration has been meeting as and when required and has been functioning very effectively. The Board is already fully representative.

(Ministry of Health O.M. No. F. 7-49/59-B (Pt.), dated 12-7-1960).

1	2	3	4	5
28	37	<p>(i) The Committee are distressed to observe that the situation of overcrowding, particularly, in the maternity wards in the Lady Hardinge Medical College and Hospital, New Delhi, resulting in placing of patients on the floor, without any space in between the patients, should have been permitted to develop in a teaching hospital.</p>	<p>Additional' accommodation of 100 beds is being provided in the Lady Hardinge Medical College and Hospital. Accommodation for 250 beds for maternity cases is being provided in the Safdarjang Hospital. When these are completed it is hoped that there will be no overcrowding.</p>	<p>Please see the comments against Sr No 11</p>
		<p>(ii) The Committee suggest that steps may be taken for providing 25 beds for the C.H.S. cases at the Willingdon Hospital and another 25 to 50 beds at the Safdarjang Hospital as early as possible.</p>		
		<p>(iii) In view of the acute overall shortage of maternity beds in the hospitals in Delhi and New Delhi, the Committee also suggest that some maternity beds may also be added to the Maternity and Child Welfare Centres in Delhi and New Delhi.</p>	<p>The All India Medical Institute will soon be opening a Maternity Ward with 100 beds. There is also a proposal for starting a Maternity Hospital in Kingsway with 100 beds.</p>	
			<p>The Municipal Corporation of Delhi to whom a copy of the</p>	

recommendation was forwarded for necessary action has informed this Ministry that it is not considered practicable to put beds in all the Maternity and Child Welfare Centres for the reason that there are no facilities to accommodate beds and the staff is also overworked with domiciliary work.

(Ministry of Health O. M. No. F. 7-49/59-B, dated 25-1-60).

(Further information required by the Committee)

Information regarding provision of maternity beds for cases under the Contributory Health Services Scheme in the Willingdon and Safdarjang Hospitals may be furnished. (Lok Sabha Secretariat O. M. No. 6, EC. II/60 dated 4-5-1960).

Please see reply against recommendation No. 11-para 17 (iii).

[Ministry of Health O.M. No. F. 7-49/59-B (Pt.), dated 12-7-1960].

43

The Committee suggest that the feasibility of having a common person to act both as the Principal of the Post-graduate

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Action has already been initiated on this recommendation. The matter is under consideration of the Governing Body

The Government have not stated reasons for this decision. The Committee, therefore, reiterate the recommendation.

Training Centre in Ayurveda and as the Director of Central Institute of Indigenous Systems of Medicine, Jamnagar, may be examined.

of the Central Institute of Research in Indigenous Systems of Medicine, and Post-Graduate Training Centre.

(*Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-60.*)

[*Further information required by the Committee*]

The result of examination of the recommendation by the Governing Body of the Central Institute of Research in Indigenous System of Medicine & Post Graduate Training Centre, Jamnagar may be stated.

(*10th Sabha Secretariat O.M. No. 6, EC.II/60, dated 4-5-1960.*)

[*Ministry of Health O.M. No. F. 7-49/59-B(Pt). dated 12-7-1960.*]

The question was considered and the Government of India have decided to continue the two institutions independent of each other under different persons for the present.

53 The Committee feel that the estimated non-recurring expenditure of Rs. 80 lakhs

The recommendation has been commended to the State Governments for consideration. (*Ministry of Health O.M. No. F. 749/59-B dated 25-1-1960.*)

Please see paragraph 3 of Chapter I.

for establishing a new Medical College, having 100 seats, is on the high side. Efforts should be made to make these buildings as economical as possible by laying more stress on utility than on grandeur. With a view to find out ways and means of reducing the unit cost of establishing a Medical College by the adoption of simpler standards with regard to the construction of buildings, without in any way affecting the minimum academic requirements laid down for the purpose, the Committee recommend that Government should appropriately seek the counsel of eminent men in public life and other experts who might have put up such buildings at much lesser cost.

64	74	<p>The Committee suggest that proper criteria be laid down for determining the index of backwardness of a Medical College for the purpose of supply of equipment received</p>	<p>It is very difficult to lay down any criteria to determine the needs of a particular institution. The T.C.M. equipment is, however, supplied after proper scrutiny of the</p>	<p>The representative of the Ministry had stated before the Committee that the criterion for the supply of equipment and the payment of cash grants was the backwardness</p>
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		from the T.C.M. and a machinery be created for conducting an objective survey of backward colleges. Gradually, it should be the aim of Government to give more equipment to those who are doing more progressive work in teaching and research.	requirements of each institution. <i>(Ministry of Health O.M. No. 7-49/59-B, dated 25-1-1960).</i>	of an institution. From the reply furnished by the Government, it appears that the supply of equipment is made on <i>ad hoc</i> basis since "it is very difficult to lay down any criteria to determine the needs of a particular institution." It is apparent that the institutions which have not developed and established themselves need the help greater than the others. The Committee, therefore, reiterate the recommendation.
79	92	(1) The Committee hold the view that the existing standard of majority of Dental Clinics in the country is far from satisfactory. They recommend that the Central Government should take the initiative and in consultation with the State Governments formulate a nation policy under which certain minimum standards could be ensured in respect of the working of Dental Clinics in the country.	A copy of the recommendation has been forwarded to the Dental Council of India for comments. Their reply is awaited. <i>(Ministry of Health O.M. No. F. 7-49/59-B, dated 25-1-1960).</i>	

(u) On the analogy of the standards laid down for drug manufacture, the minimum standards required for the manufacture of dentures could, at least, be laid down.

[*Further information required by the Committee*].

Further progress in the matter may be stated.

(*Lok Sabha Secretariat O M. No. 6. E.C. 11/60, dated 4-5-1960*).

In order to provide adequate dental care to a large section of the population at the hands of properly trained Dental Surgeons, a scheme for the establishment of dental clinics in District Hospitals in the States has been included in the Second Five Year Plan of the Union Health Ministry. A sum of Rs. 151 lakhs has been allocated for this Scheme. It is contemplated that 350 dental clinics will be established under the scheme during the Second Five Year Plan. Under the Scheme central assistance to the extent of 75% of the non-recurring expenditure on equipment, either in cash or kind, and 50% of the recurring expenditure for the maintenance of clinics for a period of five years is given to the State Governments while the State Governments

The Committee note the steps taken for establishment of more Dental Clinics.

As regards the manufacture of dentures, the Government have not stated the steps taken to lay down the minimum standards for material used in their manufacture. The Committee suggest that such standards for material used in manufacture of dentures should be laid down and duly enforced.

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are expected to provide the necessary accommodation and to bear the remaining expenditure.

2. The estimated non-recurring expenditure on equipment is Rs. 20,000·00 per clinic and the annual recurring expenditure is Rs. 14,520·00 as detailed below :—

<i>Non-recurring</i>	Rs.
Dental Unit	} 15,000·00
Dental Chair	
Dental X-Ray	
Instruments, appliances and accessories.	5,000·00
<i>Recurring</i>	
Dental Surgeon	6,000·00
Dental Hygienist	2,820·00
Clerk	1,200·00
Peon & Sweeper	1,500·00
Materials	3,000·00

